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Application Number	Effective on 12/08/	Complete if Known				
For FY 2009	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number			
For FY 2009			Filing Date	July 16, 2003		
Applicant claims small entity status. See 37 CFR 1.27			First Named Inventor			
METHOD OF PAYMENT (check all that apply)	FOIFI 2009		Examiner Name	V. F. Boccio		
Check   Credit Card   Money Order   None   Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27		Art Unit			
Check Credit Card Money Order None Other (please identify):  X Deposit Account Deposit Account Name: Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee (s) charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee (s) charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee (s) fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES Small Entity  Small Entity  Fee (\$) Fee (\$	TOTAL AMOUNT OF PAYMENT	Attorney Docket No.	1630-0384PUS	§1		
X   Deposit Account   Deposit Account Number:   Q2-2448   Deposit Account Name:   Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below	Check Credit Card Money Order Other (please identify):					
Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of see (s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of see (s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of see (s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of see (s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of see (s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of see (s) indicated below, except for the filing fee  Credit any overpayments  FEE CALCULATION  I. BASIC FILING, SEARCH, AND EXAMINATION FEES  Small Entity Fee (s) Fe	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit any and credit   X   Credit any overpayments   X   Credit any credit   X   Credit   X   Credit any credit   X   Credit any credit   X	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Tee(s) under 37 CFR 1.16 and 1.17   Telephone   Tee(s)   Telephone   Tee(s)   Telephone   Tee(s)   Telephone   Tee(s)   Telephone   Tee(s)   Tee(	x Charge fee(s) indicated	I below	Charge fee(s) i	indicated below, ex	cept for the filing fee	
Application Type						
Papelication Type	FEE CALCULATION					
Application Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
Application Type	FII					
Design   220   110   100   50   140   70	Application Type Fee (\$				Fees Paid (\$)	
Plant	Utility 330	165 540	270 220	110		
Reissue 330 165 540 270 650 325  Provisional 220 110 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  HIP = highest number of total claims paid for, if greater than 20.  Indep Claims Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x = 4.  OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00	Design 220	110 100	50 140	70		
Provisional   220   110   0   0   0   0   0       2. EXCESS CLAIM FEES	Plant 220	110 330	165 170	85		
Each claim over 20 (including Reissues) Each claim over 20 (including Reissues) Each claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Hultiple Dependent Claims Fee (\$) Fee Paid (\$)	Reissue 330	165 540	270 650	325		
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Hultiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fe	Provisional 220	110 0	0 0	0		
Each claim over 20 (including Reissues)  Each claim over 3 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Pai	2. EXCESS CLAIM FEES				Small Entity	
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Or HP =   x	Fee Description				Fee (\$) Fee (\$)	
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  - or HP =		52 26				
Total Claims  - or HP =	· · · · · · · · · · · · · · · · · · ·					
- or HP =	Multiple dependent claims 390 195					
Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Or HP =		<del></del>				
Indep. Claims				<u>Fee (\$)</u>	ee Paid (\$)	
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 =	listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50					
- 100 =/50 =(round up to a whole number) x =	******					
A. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00  SUBMITTED BY  Registration No. (Attorney/Agent) 42,325 Telephone (703) 205-8000						
Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00  SUBMITTED BY HOLDS  Signature Registration No. (Attorney/Agent) 42,325 Telephone (703) 205-8000						
SUBMITTED BY  # 40,93  Registration No. (Autorney/Agent) 42,325 Telephone (703) 205-8000	• •	•	•			
Registration No. (Attorney/Agent) 42,325 Telephone (703) 205-8000	Other (e.g., late filing surcharge):			nonth	490.00	
(Attorney/Agent) 42,325 Telepriorie (703) 205-6000	SUBMITTED BY	744010	1 =			
Name (Print/Tipe) David A. Bilodeau Date March 31, 2009	Signature	ully	(Attorney/Agent) 42,325	Telephone	(703) 205-8000	
	Name (Print/Tipe) David A. Bilodeau			Date	March 31, 2009	